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| B1 (Official )                     | Form 1)(4/                                                                                         | 10)                       |                                                |                                    |                                                  | ounnon i                            |                                      | 90 . 0.                                                                                         | .,                                                                          |                             |                          |                                    |
|------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------|------------------------------------|--------------------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------|--------------------------|------------------------------------|
|                                    |                                                                                                    |                           | United<br>Di                                   |                                    | S Bank                                           |                                     |                                      |                                                                                                 |                                                                             |                             | Vo                       | luntary Petition                   |
|                                    | ebtor (if ind<br>, Frederic                                                                        |                           | er Last, First,                                | Middle):                           |                                                  |                                     | Name                                 | of Joint De                                                                                     | ebtor (Spouse)                                                              | (Last, First                | , Middle):               |                                    |
|                                    | All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): |                           |                                                |                                    |                                                  |                                     |                                      | used by the Jonaiden, and                                                                       |                                                                             |                             | 8 years                  |                                    |
| Last four dig<br>(if more than one | , state all)                                                                                       | Sec. or Indi              | vidual-Taxpa                                   | ıyer I.D. (                        | (ITIN) No./                                      | Complete E                          | IN Last f                            | our digits o                                                                                    | f Soc. Sec. or                                                              | Individual-                 | Гахрауег I               | I.D. (ITIN) No./Complete El        |
| Street Addre                       | ess of Debto                                                                                       | •                         | Street, City, a                                | and State)                         | ):                                               | ZIP Code                            |                                      | Address of                                                                                      | Joint Debtor                                                                | (No. and St                 | reet, City,              | ·                                  |
|                                    |                                                                                                    |                           |                                                |                                    | Г                                                | 29410                               |                                      |                                                                                                 |                                                                             |                             |                          | ZIP Code                           |
| County of Ro<br>Berkeley           |                                                                                                    | of the Princ              | cipal Place o                                  | f Business                         |                                                  | -                                   | Count                                | y of Reside                                                                                     | ence or of the                                                              | Principal Pla               | ace of Bus               | iness:                             |
| Mailing Add                        | lress of Deb                                                                                       | otor (if diffe            | rent from str                                  | eet addres                         | ss):                                             |                                     | Mailir                               | ng Address                                                                                      | of Joint Debto                                                              | or (if differe              | nt from str              | reet address):                     |
|                                    |                                                                                                    |                           |                                                |                                    | _                                                | ZIP Code                            | :                                    |                                                                                                 |                                                                             |                             |                          | ZIP Code                           |
| Location of l<br>(if different f   |                                                                                                    |                           |                                                |                                    |                                                  |                                     |                                      |                                                                                                 |                                                                             |                             |                          |                                    |
|                                    | Type of                                                                                            | f Debtor                  |                                                |                                    | Nature                                           | of Business                         |                                      |                                                                                                 | Chapter                                                                     | of Bankruj                  | otcy Code                | Under Which                        |
|                                    |                                                                                                    | one box)                  |                                                |                                    | Check<br>Ith Care Bu<br>gle Asset Re             |                                     | s defined                            | the Petition is Filed (Check one box)  Chapter 7 Chapter 9  Chapter 15 Petition for Recognition |                                                                             |                             | ,                        |                                    |
| Individua                          |                                                                                                    |                           |                                                | in 11 U.S.C. § 101 (51B)  Railroad |                                                  |                                     | ☐ Chapt                              |                                                                                                 |                                                                             |                             | Main Proceeding          |                                    |
| ☐ Corporat                         | <i>bit D on pa</i><br>ion (include                                                                 | -                         | -                                              | Stockbroker                        |                                                  |                                     | ☐ Chapt                              |                                                                                                 |                                                                             |                             | Petition for Recognition |                                    |
| ☐ Partnersh                        |                                                                                                    |                           | ,                                              |                                    | nmodity Broaring Bank                            | oker                                |                                      | Chapt                                                                                           | er 13                                                                       | OI                          | a Foreign                | Nonmain Proceeding                 |
| Other (If                          |                                                                                                    |                           |                                                | Oth                                |                                                  |                                     |                                      |                                                                                                 |                                                                             |                             | e of Debts               | ·                                  |
| check this                         | box and stat                                                                                       | e type of enti            | ity below.)                                    |                                    |                                                  | mpt Entity                          |                                      | ■ Debte (                                                                                       | are primarily co                                                            |                             | k one box)               | ☐ Debts are primarily              |
|                                    |                                                                                                    |                           |                                                | und                                | otor is a tax-<br>er Title 26 of the (the Inter- | of the Unite                        | anization<br>d States                | defined<br>"incurr                                                                              | are primarily co.<br>I in 11 U.S.C. §<br>red by an individual, family, or I | 101(8) as<br>dual primarily | for                      | business debts.                    |
| _                                  |                                                                                                    |                           | heck one box                                   | :)                                 |                                                  | 1                                   | one box:                             |                                                                                                 | •                                                                           | ter 11 Debt                 |                          |                                    |
| Full Filing                        |                                                                                                    |                           |                                                |                                    |                                                  |                                     |                                      |                                                                                                 | debtor as defin<br>ness debtor as d                                         |                             |                          | ,                                  |
| attach sigr                        | ned application                                                                                    | on for the cou            | (applicable to<br>art's considerat             | ion certifyi                       | ing that the                                     |                                     |                                      |                                                                                                 | ntin cont liquido                                                           | tad dahta (aw               | alandin a dahu           | ts owed to insiders or affiliates) |
| debtor is u<br>Form 3A.            |                                                                                                    | fee except in             | installments.                                  | Rule 1006(                         | (b). See Offic                                   |                                     |                                      |                                                                                                 |                                                                             |                             |                          | and every three years thereafte    |
|                                    |                                                                                                    |                           | able to chapter<br>art's considerat            |                                    |                                                  | BB.                                 | Acceptances                          | ng filed with<br>of the plan w                                                                  | this petition.<br>vere solicited pro<br>S.C. § 1126(b).                     | epetition from              | one or mo                | re classes of creditors,           |
| Statistical/A                      | dministrat                                                                                         | ive Inform                | ation                                          |                                    |                                                  |                                     |                                      |                                                                                                 |                                                                             | THIS                        | SPACE IS                 | FOR COURT USE ONLY                 |
| Debtor es                          | stimates tha                                                                                       | it, after any             | l be available<br>exempt prop<br>for distribut | erty is ex                         | cluded and                                       | administrat                         |                                      | es paid,                                                                                        |                                                                             |                             |                          |                                    |
| Estimated No                       | _                                                                                                  | _                         |                                                | _                                  |                                                  |                                     | _                                    | _                                                                                               | _                                                                           |                             |                          |                                    |
| 1-<br>49                           | □<br>50-<br>99                                                                                     | 100-<br>199               | 200-                                           | 1,000-<br>5,000                    | 5,001-<br>10,000                                 | 10,001-<br>25,000                   | 25,001-<br>50,000                    | 50,001-<br>100,000                                                                              | OVER<br>100,000                                                             |                             |                          |                                    |
| Estimated As                       | \$50,001 to<br>\$100,000                                                                           | \$100,001 to<br>\$500,000 | \$500,001<br>to \$1                            | \$1,000,001<br>to \$10             | \$10,000,001<br>to \$50<br>million               | \$50,000,001<br>to \$100<br>million | \$100,000,001<br>to \$500<br>million | \$500,000,001<br>to \$1 billion                                                                 |                                                                             |                             |                          |                                    |
| Estimated Li                       | iabilities                                                                                         |                           |                                                | million                            | _                                                | _                                   | _                                    |                                                                                                 |                                                                             |                             |                          |                                    |
| \$0 to<br>\$50,000                 | \$50,001 to<br>\$100,000                                                                           | \$100,001 to<br>\$500,000 | to \$1                                         | \$1,000,001<br>to \$10<br>million  | \$10,000,001<br>to \$50<br>million               | \$50,000,001<br>to \$100<br>million | \$100,000,001<br>to \$500<br>million | \$500,000,001<br>to \$1 billion                                                                 |                                                                             |                             |                          |                                    |

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B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition Rolland, Frederick Rush (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Robert R Meredith Jr **December 27, 2010** Signature of Attorney for Debtor(s) (Date) Robert R Meredith Jr 6152 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(4/10) Document Page 3 of 47

# **Voluntary Petition**

(This page must be completed and filed in every case)

# Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

## X /s/ Frederick Rush Rolland

Signature of Debtor Frederick Rush Rolland

X.

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

December 27, 2010

Date

### Signature of Attorney\*

#### X /s/ Robert R Meredith Jr

Signature of Attorney for Debtor(s)

#### Robert R Meredith Jr 6152

Printed Name of Attorney for Debtor(s)

### Meredith Law Firm, LLC

Firm Name

4000 Faber Place Drive, Suite 120 North Charleston, SC 29405

Address

# Email: rm@meredithlawfirm.com (843) 529-9000 Fax: (843) 529-9007

Telephone Number

## December 27, 2010

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### **Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Rolland, Frederick Rush

## Signatures

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

## Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

| • |   | - |
|---|---|---|
| 7 | ĸ |   |
| _ | • |   |

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

# United States Bankruptcy Court District of South Carolina

| In re | Frederick Rush Rolland |           | Case No. |    |
|-------|------------------------|-----------|----------|----|
|       |                        | Debtor(s) | Chapter  | 13 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.                                                                   | Page 2                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| mental deficiency so as to be incapable of rea financial responsibilities.);  □ Disability. (Defined in 11 U.S.C. § | 109(h)(4) as impaired by reason of mental illness or lizing and making rational decisions with respect to 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone. |
| , ,                                                                                                                 | administrator has determined that the credit counseling                                                                                                                                                                                   |
| I certify under penalty of perjury that the i                                                                       | information provided above is true and correct.                                                                                                                                                                                           |
| Signature of Debtor:                                                                                                | /s/ Frederick Rush Rolland                                                                                                                                                                                                                |
|                                                                                                                     | Frederick Rush Rolland                                                                                                                                                                                                                    |
| Date: December 27, 2                                                                                                | 010                                                                                                                                                                                                                                       |

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B6 Summary (Official Form 6 - Summary) (12/07)

# United States Bankruptcy Court District of South Carolina

| In re | Frederick Rush Rolland |        | Case No |    |  |
|-------|------------------------|--------|---------|----|--|
| -     |                        | Debtor |         |    |  |
|       |                        |        | Chapter | 13 |  |
|       |                        |        | ·       |    |  |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE                                                                   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|------------------------------------------------------------------------------------|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property                                                                  | Yes                  | 1                | 0.00              |             |          |
| B - Personal Property                                                              | Yes                  | 4                | 31,860.27         |             |          |
| C - Property Claimed as Exempt                                                     | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims                                               | Yes                  | 1                |                   | 0.00        |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 2                |                   | 2,414.00    |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 3                |                   | 88,404.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors                                                                      | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 1                |                   |             | 1,866.57 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 2                |                   |             | 1,556.51 |
| Total Number of Sheets of ALL Schedu                                               | ıles                 | 17               |                   |             |          |
|                                                                                    | T                    | otal Assets      | 31,860.27         |             |          |
|                                                                                    |                      |                  | Total Liabilities | 90,818.00   |          |

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Form 6 - Statistical Summary (12/07)

# United States Bankruptcy Court District of South Carolina

| In re | Frederick Rush Rolland |        | Case No |    |
|-------|------------------------|--------|---------|----|
| -     |                        | Debtor |         |    |
|       |                        |        | Chapter | 13 |

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability                                                                                                   | Amount   |
|---------------------------------------------------------------------------------------------------------------------|----------|
| Domestic Support Obligations (from Schedule E)                                                                      | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)                                          | 2,414.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00     |
| Student Loan Obligations (from Schedule F)                                                                          | 0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00     |
| TOTAL                                                                                                               | 2,414.00 |

### State the following:

| Average Income (from Schedule I, Line 16)                                                  | 1,866.57 |
|--------------------------------------------------------------------------------------------|----------|
| Average Expenses (from Schedule J, Line 18)                                                | 1,556.51 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 2,758.23 |

#### State the following:

|                                                                            |          | _         |
|----------------------------------------------------------------------------|----------|-----------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |          | 0.00      |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 2,414.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |          | 0.00      |
| 4. Total from Schedule F                                                   |          | 88,404.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |          | 88,404.00 |

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B6A (Official Form 6A) (12/07)

| In re | Frederick Rush Rolland | Case No |  |
|-------|------------------------|---------|--|
| _     |                        |         |  |
|       |                        | Debtor  |  |

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00** 

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Frederick Rush Rolland | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        |          |  |
|       |                        | Debtor   |  |

# SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property                                                                                                                 | N O Description and Location of Property E                                                                             | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|----|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1. | Cash on hand                                                                                                                     | Cash                                                                                                                   | -                                           | 100.00                                                                                                    |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan,                    | Suntrust Checking<br>Acct # 6703                                                                                       | -                                           | 1,612.74                                                                                                  |
|    | thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or                              | Suntrust Savings<br>Acct #1928                                                                                         | -                                           | 4,011.62                                                                                                  |
|    | cooperatives.                                                                                                                    | Suntrust Savings<br>Acct #1670                                                                                         | -                                           | 6,014.33                                                                                                  |
| 3. | Security deposits with public                                                                                                    | \$735.00 held by landlord                                                                                              | -                                           | 735.00                                                                                                    |
|    | utilities, telephone companies, landlords, and others.                                                                           | \$250.00 held by SCG&E                                                                                                 | -                                           | 250.00                                                                                                    |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.                                                 | Personal Items Kitchenware Living Room Furniture Bedroom Furniture Television Stereo Computer Miscellaneous Hand Tools | -                                           | 2,800.00                                                                                                  |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | Household Prints                                                                                                       | -                                           | 50.00                                                                                                     |
| 6. | Wearing apparel.                                                                                                                 | Clothing                                                                                                               | -                                           | 400.00                                                                                                    |
| 7. | Furs and jewelry.                                                                                                                | Watch                                                                                                                  | -                                           | 1,000.00                                                                                                  |
| 8. | Firearms and sports, photographic, and other hobby equipment.                                                                    | x                                                                                                                      |                                             |                                                                                                           |
| 9. | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.   | X                                                                                                                      |                                             |                                                                                                           |
|    |                                                                                                                                  |                                                                                                                        | Sub-Tota<br>(Total of this page)            | l > <b>16,973.69</b>                                                                                      |

**<sup>3</sup>** continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Frederick Rush Rolland | Case No. |
|-------|------------------------|----------|
|       |                        |          |

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property                                                                                                                                                                                                                              | N<br>O<br>N<br>E | Description and Location of Property                                   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 10. | Annuities. Itemize and name each issuer.                                                                                                                                                                                                      | X                |                                                                        |                                             |                                                                                                           |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                                                        |                                             |                                                                                                           |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.                                                                                                                                                   |                  | Freedom Rewards 401(k)                                                 | -                                           | 1,159.65                                                                                                  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.                                                                                                                                                                   |                  | Legg Mason<br>Income Fund<br>Acct #1801                                | -                                           | 405.09                                                                                                    |
|     |                                                                                                                                                                                                                                               |                  | NextEra Energy Stock<br>26 shares at \$50.84 per share as of 12/15/10. | -                                           | 1,321.84                                                                                                  |
| 14. | Interests in partnerships or joint ventures. Itemize.                                                                                                                                                                                         | X                |                                                                        |                                             |                                                                                                           |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.                                                                                                                                                            | X                |                                                                        |                                             |                                                                                                           |
| 16. | Accounts receivable.                                                                                                                                                                                                                          | X                |                                                                        |                                             |                                                                                                           |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.                                                                                                                          | X                |                                                                        |                                             |                                                                                                           |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.                                                                                                                                                                |                  | No Anticipated Tax Refund for 2010                                     | -                                           | 0.00                                                                                                      |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.                                                                            | X                |                                                                        |                                             |                                                                                                           |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.                                                                                                                          | X                |                                                                        |                                             |                                                                                                           |
|     |                                                                                                                                                                                                                                               |                  |                                                                        | Sub-Tot                                     | al > <b>2,886.58</b>                                                                                      |
|     |                                                                                                                                                                                                                                               |                  |                                                                        | (Total of this page)                        |                                                                                                           |
| Ch. | . 1 . 2                                                                                                                                                                                                                                       | 4 1-             | _ J                                                                    |                                             |                                                                                                           |

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$  - Cont.

| In re | Frederick Rush Rolland | Case No. |
|-------|------------------------|----------|
|       |                        | •        |

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property                                                                                                                                                                                                                                                                        | N<br>O<br>N<br>E | Description and Location of Property                       | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.                                                                                                                | Х                |                                                            |                                             |                                                                                                           |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.                                                                                                                                                                                                                 | X                |                                                            |                                             |                                                                                                           |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.                                                                                                                                                                                                                  | X                |                                                            |                                             |                                                                                                           |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                                            |                                             |                                                                                                           |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.                                                                                                                                                                                                                      | V                | 004 Chevrolet 1500<br>N 1GCEK19T04E319006<br>ileage 82,000 | -                                           | 11,000.00                                                                                                 |
|     |                                                                                                                                                                                                                                                                                         | (N               | lo Lien)                                                   |                                             |                                                                                                           |
| 26. | Boats, motors, and accessories.                                                                                                                                                                                                                                                         | X                |                                                            |                                             |                                                                                                           |
| 27. | Aircraft and accessories.                                                                                                                                                                                                                                                               | X                |                                                            |                                             |                                                                                                           |
| 28. | Office equipment, furnishings, and supplies.                                                                                                                                                                                                                                            | X                |                                                            |                                             |                                                                                                           |
| 29. | Machinery, fixtures, equipment, and supplies used in business.                                                                                                                                                                                                                          | X                |                                                            |                                             |                                                                                                           |
| 30. | Inventory.                                                                                                                                                                                                                                                                              | X                |                                                            |                                             |                                                                                                           |
| 31. | Animals.                                                                                                                                                                                                                                                                                | X                |                                                            |                                             |                                                                                                           |
| 32. | Crops - growing or harvested. Give particulars.                                                                                                                                                                                                                                         | X                |                                                            |                                             |                                                                                                           |
| 33. | Farming equipment and implements.                                                                                                                                                                                                                                                       | X                |                                                            |                                             |                                                                                                           |
| 34. | Farm supplies, chemicals, and feed.                                                                                                                                                                                                                                                     | X                |                                                            |                                             |                                                                                                           |
|     |                                                                                                                                                                                                                                                                                         |                  | (*                                                         | Sub-Total of this page)                     | al > 11,000.00                                                                                            |

Sheet <u>2</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Frederick Rush Rolland |        | Case No |  |
|-------|------------------------|--------|---------|--|
| -     |                        | Debtor | ,       |  |

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property                                                     | N<br>O<br>N<br>Descript                  | tion and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|----------------------------------------------------------------------|------------------------------------------|-------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 35. Other personal property of any kind not already listed. Itemize. | 12' x 5' Box Trailer<br>Flat Bed Trailer |                               | -                                           | 1,000.00                                                                                                  |

(The debtor's sister currently has possession of these items.)

| Sub-Total > 1,000.00 | (Total of this page) | Total > 31,860.27 |

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/10)

| In re | Frederick Rush Rolland | Case No. |
|-------|------------------------|----------|
|       |                        |          |

Debtor

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| SCHEDELL C TROTERIT CEMINIED IN EMENT                                                                                                                  |                                                                                                                                          |                                  |                                                                                            |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------|--|--|--|--|
| Debtor claims the exemptions to which debtor is entitled (Check one box)  11 U.S.C. §522(b)(2)  11 U.S.C. §522(b)(3)                                   | \$146,450. (Amount st                                                                                                                    | ubject to adjustment on 4/1      | mption that exceeds /13, and every three years thereaft, or after the date of adjustment.) |  |  |  |  |
| Description of Property                                                                                                                                | Specify Law Providing Each Exemption                                                                                                     | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption                                |  |  |  |  |
| Checking, Savings, or Other Financial Accounts,<br>Suntrust Savings<br>Acct #1670                                                                      | Certificates of Deposit S.C. Code Ann. § 15-41-30(A)(5)                                                                                  | 5,350.00                         | 6,014.33                                                                                   |  |  |  |  |
| Household Goods and Furnishings Personal Items Kitchenware Living Room Furniture Bedroom Furniture Television Stereo Computer Miscellaneous Hand Tools | S.C. Code Ann. § 15-41-30(A)(3)                                                                                                          | 2,800.00                         | 2,800.00                                                                                   |  |  |  |  |
| Books, Pictures and Other Art Objects; Collectibl Household Prints                                                                                     | <u>es</u><br>S.C. Code Ann. § 15-41-30(A)(3)                                                                                             | 50.00                            | 50.00                                                                                      |  |  |  |  |
| Wearing Apparel Clothing                                                                                                                               | S.C. Code Ann. § 15-41-30(A)(3)                                                                                                          | 400.00                           | 400.00                                                                                     |  |  |  |  |
| <u>Furs and Jewelry</u><br>Watch                                                                                                                       | S.C. Code Ann. § 15-41-30(A)(4)                                                                                                          | 1,000.00                         | 1,000.00                                                                                   |  |  |  |  |
| Interests in IRA, ERISA, Keogh, or Other Pension Freedom Rewards 401(k)                                                                                | or Profit Sharing Plans<br>S.C. Code Ann. § 9-1-1680                                                                                     | 1,159.65                         | 1,159.65                                                                                   |  |  |  |  |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>2004 Chevrolet 1500<br>VIN 1GCEK19T04E319006<br>Mileage 82,000<br>(No Lien)                       | S.C. Code Ann. § 15-41-30(A)(2)<br>S.C. Code Ann. § 15-41-30(A)(7) Used<br>remaining portion of household<br>goods and jewelry exemption | 5,350.00<br>1,100.00             | 11,000.00                                                                                  |  |  |  |  |

Total: 17,209.65 22,423.98 Case 10-09156-jw Doc 1 Filed 12/27/10 Entered 12/27/10 17:46:31 Desc Main Document Page 14 of 47

B6D (Official Form 6D) (12/07)

| In re | Frederick Rush Rolland |        | Case No. |  |
|-------|------------------------|--------|----------|--|
| -     |                        | Debtor |          |  |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Check this box if debtor has no creditors hold                                                       | mg       | sect        | ired claims to report on this Schedule D.                                                                  |               |                 |          |                                                         |                                 |
|------------------------------------------------------------------------------------------------------|----------|-------------|------------------------------------------------------------------------------------------------------------|---------------|-----------------|----------|---------------------------------------------------------|---------------------------------|
| CDEDITORIG MAME                                                                                      | C        | Hu          | sband, Wife, Joint, or Community                                                                           | Ç             | U               | D<br>I   | AMOUNT OF                                               |                                 |
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | CONFINGENT    | UZ LL QULDAH ED | SPUTED   | CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.                                                                                          |          |             |                                                                                                            | T             | T<br>E          |          |                                                         |                                 |
|                                                                                                      |          |             | Value \$                                                                                                   |               | D               |          |                                                         |                                 |
| Account No.                                                                                          |          |             |                                                                                                            | П             |                 |          |                                                         |                                 |
|                                                                                                      |          |             | Value \$                                                                                                   |               |                 |          |                                                         |                                 |
| Account No.                                                                                          | T        | T           |                                                                                                            | П             |                 | 1        |                                                         |                                 |
|                                                                                                      |          |             | Value \$                                                                                                   |               |                 |          |                                                         |                                 |
| Account No.                                                                                          |          |             |                                                                                                            |               |                 |          |                                                         |                                 |
|                                                                                                      |          |             |                                                                                                            |               |                 |          |                                                         |                                 |
|                                                                                                      | _        |             | Value \$                                                                                                   | Ц             |                 | $\dashv$ |                                                         |                                 |
| continuation sheets attached                                                                         |          |             | (Total of th                                                                                               | ubto<br>nis p |                 | - 1      |                                                         |                                 |
|                                                                                                      |          |             | (Report on Summary of Sc                                                                                   |               | otal<br>ule:    |          | 0.00                                                    | 0.00                            |

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B6E (Official Form 6E) (4/10)

| In re | Frederick Rush Rolland | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor , |  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account he debtor has with the reditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed.

| "Disputed." (You may need to place an "X" in more than one of these three columns.)  Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box lab "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priorit listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.             |
| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report thi total also on the Statistical Summary of Certain Liabilities and Related Data. |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.                                                                                                                                                                                                                                                                                                                        |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)                                                                                                                                                                                                                                                                                                        |
| ☐ Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                                                     |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).                                                                                                            |
| ☐ Extensions of credit in an involuntary case                                                                                                                                                                                                                                                                                                                                                                                      |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).                                                                                                                                                                                                        |
| ☐ Wages, salaries, and commissions                                                                                                                                                                                                                                                                                                                                                                                                 |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).                                  |
| ☐ Contributions to employee benefit plans                                                                                                                                                                                                                                                                                                                                                                                          |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).                                                                                                                                                                                        |
| ☐ Certain farmers and fishermen                                                                                                                                                                                                                                                                                                                                                                                                    |
| Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).                                                                                                                                                                                                                                                                                         |
| ☐ Deposits by individuals                                                                                                                                                                                                                                                                                                                                                                                                          |
| Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).                                                                                                                                                                                                                   |
| ■ Taxes and certain other debts owed to governmental units                                                                                                                                                                                                                                                                                                                                                                         |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).                                                                                                                                                                                                                                                                                                  |
| ☐ Commitments to maintain the capital of an insured depository institution                                                                                                                                                                                                                                                                                                                                                         |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).                                                                                                                           |
| ☐ Claims for death or personal injury while debtor was intoxicated                                                                                                                                                                                                                                                                                                                                                                 |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).                                                                                                                                                                                                                           |

continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/10) - Cont.

| In re | Frederick Rush Rolland | Case No  |
|-------|------------------------|----------|
| -     |                        | Debtor , |

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY UNLIQUIDATED CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C J AND ACCOUNT NUMBER (See instructions.) Attorney's Fees Account No. Robert R. Meredith, Jr. 0.00 Meredith Law Firm, LLC 4000 Faber Place Drive Suite 120 North Charleston, SC 29405 2,414.00 2,414.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 2,414.00 2,414.00 Total 0.00 (Report on Summary of Schedules) 2,414.00 2,414.00 Case 10-09156-jw Doc 1 Filed 12/27/10 Entered 12/27/10 17:46:31 Desc Main Document Page 17 of 47

| B6E | Official | Form | (E) | (12/07) |
|-----|----------|------|-----|---------|
| 10d | Omciai   | rorm | OF) | (12/07) |

| In re | Frederick Rush Rolland |        | Case No. |  |
|-------|------------------------|--------|----------|--|
|       |                        | Debtor | _,       |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| 8                                                                                   |          |             | F                                 |          |            |        |              |                 |
|-------------------------------------------------------------------------------------|----------|-------------|-----------------------------------|----------|------------|--------|--------------|-----------------|
| CREDITOR'S NAME,                                                                    | C        | Нι          | usband, Wife, Joint, or Community | č        | U          | Ŀ      | 7            |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)    | CODEBTOR | C<br>J<br>M |                                   | N        | DZ1-QD-DAH | T<br>F |              | AMOUNT OF CLAIM |
| Account No.                                                                         |          |             |                                   | T        | T          |        |              |                 |
| A&N Collections, LLC<br>1000 East William Street Suite 204<br>Carson City, NV 89701 |          | -           |                                   |          | E<br>D     |        |              | 5,000.00        |
| Account No. 3846                                                                    |          |             |                                   | $\Box$   | Г          | T      | T            |                 |
| Asset Acceptance Llc<br>Po Box 2036<br>Warren, MI 48090                             |          | -           |                                   |          |            |        |              | 27,294.00       |
| Account No.                                                                         |          |             |                                   | Н        | H          | H      | $^{\dagger}$ |                 |
| AT&T Remittance Center<br>PO Box 105503<br>Atlanta, GA 30348-5503                   |          | -           |                                   |          |            |        |              | 235.00          |
| Account No. <b>4536</b>                                                             |          |             |                                   | $\vdash$ | $\vdash$   | ┝      | +            |                 |
| Chase-Bp Po Box 15298 Wilmington, DE 19850                                          |          | -           |                                   |          |            |        |              | 69.00           |
| _2 continuation sheets attached                                                     |          |             |                                   | Subt     |            |        | T            | 32,598.00       |
|                                                                                     |          |             | (Total of t                       | his į    | pag        | ge)    | ) [          | 2=,223.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Frederick Rush Rolland | Case No |  |
|-------|------------------------|---------|--|
|       |                        | Debtor  |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,                                                                                        | CO       | Hu          | sband, Wife, Joint, or Community                                                                    | C            | U          | D             |                 |
|---------------------------------------------------------------------------------------------------------|----------|-------------|-----------------------------------------------------------------------------------------------------|--------------|------------|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                        | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | COXT - XGEXT | UNLLQULDAH | U<br>T<br>F   | AMOUNT OF CLAIM |
| Account No. 1792N1                                                                                      |          |             |                                                                                                     | Ϊ            | Ε          |               |                 |
| Commonwealth Financial<br>120 N Keyser Ave<br>Scranton, PA 18504                                        |          | _           |                                                                                                     |              | D          |               | 8,531.00        |
| Account No.                                                                                             |          |             | Notice only                                                                                         |              |            |               |                 |
| Internal Revenue Service<br>Centralized Insolvency Operations<br>PO Box 21126<br>Philadelphia, PA 19114 |          | -           |                                                                                                     |              |            |               | 0.00            |
| Account No. 5458                                                                                        |          |             |                                                                                                     |              |            |               |                 |
| Optima Recovery Servic<br>6215 Kingston Pk Ste A<br>Knoxville, TN 37919                                 |          | _           |                                                                                                     |              |            |               | 32.00           |
| Account No.                                                                                             |          |             | Notice only                                                                                         |              |            |               |                 |
| SC Department of Revenue<br>PO Box 12265<br>Columbia, SC 29211                                          |          | -           |                                                                                                     |              |            |               | 0.00            |
| Account No.                                                                                             |          | T           | Potential Social Security overpayment                                                               | T            |            |               |                 |
| Social Security Administration<br>Northeastern Program Service Center<br>Jamaica, NY 11432              |          | _           |                                                                                                     |              |            |               | 8,000.00        |
| Sheet no. <b>1</b> of <b>2</b> sheets attached to Schedule of                                           |          |             |                                                                                                     | Subt         | ota        | <u>—</u><br>1 | 40.505.55       |
| Creditors Holding Unsecured Nonpriority Claims                                                          |          |             | (Total of t                                                                                         | his j        | pag        | e)            | 16,563.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Frederick Rush Rolland | Case No |  |
|-------|------------------------|---------|--|
|       |                        | Debtor  |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|                                                 | _        |    |                                   |            | _                | _       |                 |
|-------------------------------------------------|----------|----|-----------------------------------|------------|------------------|---------|-----------------|
| CREDITOR'S NAME,                                | CODEBTOR | Hu | sband, Wife, Joint, or Community  | ქ6         | U                | DISPUTE |                 |
| MAILING ADDRESS                                 | D        | н  |                                   | N          | ŀ                | S       |                 |
| INCLUDING ZIP CODE,                             | B        | W  | CONSIDERATION FOR CLAIM. IF CLAIM | ТĹ         | Q                | Įψ      |                 |
| AND ACCOUNT NUMBER (See instructions above.)    | 0        | C  | IS SUBJECT TO SETOFF, SO STATE.   | G N        | ΙÜ               | ΙĖ      | AMOUNT OF CLAIM |
| (See instructions above.)                       | R        | ľ  |                                   | CONTINGENT |                  |         |                 |
| Account No. 2182                                |          |    |                                   | ٦т         | A<br>T<br>E<br>D |         |                 |
|                                                 | 1        |    |                                   | L          | D                |         |                 |
| The Bureaus Inc                                 |          |    |                                   |            |                  |         |                 |
| 1717 Central St                                 |          | -  |                                   |            |                  |         |                 |
| Evanston, IL 60201                              |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         | 39,243.00       |
|                                                 |          |    |                                   | $\perp$    |                  |         | 39,243.00       |
| Account No.                                     |          |    |                                   | Т          |                  | Г       |                 |
|                                                 | 1        |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
| Account No.                                     |          |    |                                   | T          |                  |         |                 |
|                                                 | 1        |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
| Account No.                                     | 1        | T  |                                   | 十          | T                | T       |                 |
| Account No.                                     | 1        |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
| Account No.                                     | 1        | T  |                                   | +          | T                | t       |                 |
| 1100                                            | 1        | 1  |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 |          |    |                                   |            |                  |         |                 |
|                                                 | 1        |    |                                   |            |                  |         |                 |
|                                                 | 1        | 1  |                                   |            |                  |         |                 |
| Sheet no. 2 of 2 sheets attached to Schedule of | -        | _  | ı                                 | Sub        | tot              | 1       |                 |
|                                                 |          |    |                                   |            |                  |         | 39,243.00       |
| Creditors Holding Unsecured Nonpriority Claims  |          |    | (Total of                         | tnis       | pag              | ge)     |                 |
|                                                 |          |    |                                   | -          | Γota             | al      |                 |
|                                                 |          |    | (Report on Summary of S           |            |                  |         | 88,404.00       |
|                                                 |          |    | ( <b>F</b>                        |            |                  | ,       |                 |

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B6G (Official Form 6G) (12/07)

| In re | Frederick Rush Rolland | Case No. |  |
|-------|------------------------|----------|--|
| -     |                        | Debtor   |  |
|       |                        | Debtol   |  |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Just Rentals 748-A St. Andrews Blvd Charleston, SC 29407 Residential lease with monthly rent of \$735. The lease expires in March 2011. The debtor is current on his obligation and assumes the lease.

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B6H (Official Form 6H) (12/07)

| In re | Frederick Rush Rolland | Case No |  |
|-------|------------------------|---------|--|
| -     |                        | Dehtor  |  |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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**B6I (Official Form 6I) (12/07)** 

| In re | Frederick Rush Rolland |           | Case No. |  |
|-------|------------------------|-----------|----------|--|
|       |                        | Debtor(s) |          |  |

# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:                           | DEPENDE                                            | NTS OF DEBTOR AND S  | POUSE    |                |            |
|----------------------------------------------------|----------------------------------------------------|----------------------|----------|----------------|------------|
| Single                                             | RELATIONSHIP(S): None.                             | AGE(S):              |          |                |            |
| Employment:                                        | DEBTOR                                             |                      | SPOUSE   |                |            |
| Occupation                                         |                                                    |                      |          |                |            |
| Name of Employer De                                | etyens Shipyards                                   |                      |          |                |            |
| How long employed 2                                | weeks                                              |                      |          |                |            |
|                                                    | 670 Dry Dock Ave #236<br>orth Charleston, SC 29405 |                      |          |                |            |
| INCOME: (Estimate of average or pro                | ojected monthly income at time case filed)         |                      | DEBTOR   |                | SPOUSE     |
|                                                    | ommissions (Prorate if not paid monthly)           | \$ _                 | 2,358.12 | \$             | N/A        |
| 2. Estimate monthly overtime                       |                                                    | \$ _                 | 0.00     | \$             | N/A        |
| 3. SUBTOTAL                                        |                                                    | \$_                  | 2,358.12 | \$             | N/A        |
| 4. LESS PAYROLL DEDUCTIONS                         |                                                    |                      |          |                |            |
| a. Payroll taxes and social securit                | ty                                                 | \$_                  | 642.55   | \$             | N/A        |
| b. Insurance                                       |                                                    | \$ _                 | 0.00     | \$             | N/A        |
| c. Union dues                                      |                                                    | \$ _                 | 0.00     | \$ <u> </u>    | N/A        |
| d. Other (Specify):                                |                                                    |                      | 0.00     | \$<br>\$       | N/A<br>N/A |
|                                                    |                                                    |                      | 0.00     | Φ              | IN/A       |
| 5. SUBTOTAL OF PAYROLL DEDU                        | CTIONS                                             | \$_                  | 642.55   | \$             | N/A        |
| 6. TOTAL NET MONTHLY TAKE H                        | OME PAY                                            | \$_                  | 1,715.57 | \$             | N/A        |
| 7. Regular income from operation of b              | usiness or profession or farm (Attach detaile      | d statement) \$_     | 0.00     | \$             | N/A        |
| 8. Income from real property                       |                                                    | \$ _                 | 0.00     | \$             | N/A        |
| 9. Interest and dividends                          |                                                    | \$_                  | 0.00     | \$             | N/A        |
| dependents listed above                            | payments payable to the debtor for the debtor      | 's use or that of \$ | 0.00     | \$             | N/A        |
| 11. Social security or government assis (Specify): | stance                                             | •                    | 0.00     | \$             | N/A        |
| (Specify).                                         |                                                    |                      | 0.00     | \$ <u></u>     | N/A        |
| 12. Pension or retirement income                   |                                                    |                      | 0.00     | \$ <del></del> | N/A        |
| 13. Other monthly income                           |                                                    | Ψ_                   | 0.00     | Ψ              | 14/7       |
| (Specify): <b>EBT Income</b>                       |                                                    | \$                   | 151.00   | \$             | N/A        |
|                                                    |                                                    | \$                   | 0.00     | \$             | N/A        |
| 14. SUBTOTAL OF LINES 7 THROU                      | JGH 13                                             | \$_                  | 151.00   | \$             | N/A        |
| 15. AVERAGE MONTHLY INCOME                         | E (Add amounts shown on lines 6 and 14)            | \$_                  | 1,866.57 | \$             | N/A        |
|                                                    |                                                    |                      |          | 1,866.5        | _          |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

The debtors income as listed on this schedule is based on his first paycheck at the rate of \$13.71 per hour for 40 hours. The debtor does not anticipate an increase or decrease in his income of 10% or more at this time.

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B6J (Official Form 6J) (12/07)

| In re | Frederick Rush Rolland |           | Case No. |  |
|-------|------------------------|-----------|----------|--|
|       |                        | Debtor(s) |          |  |

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22                                                                        |                | monthly        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complexpenditures labeled "Spouse."                                        | ete a separate | schedule of    |
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                                                                                        | \$             | 735.00         |
| a. Are real estate taxes included?  Yes NoX                                                                                                                                  |                |                |
| b. Is property insurance included? Yes No _X                                                                                                                                 |                |                |
| 2. Utilities: a. Electricity and heating fuel                                                                                                                                | \$             | 75.00          |
| b. Water and sewer                                                                                                                                                           | \$             | 0.00           |
| c. Telephone                                                                                                                                                                 | \$             | 0.00           |
| d. Other See Detailed Expense Attachment                                                                                                                                     | \$             | 142.11         |
| 3. Home maintenance (repairs and upkeep) 4. Food                                                                                                                             | \$<br>\$       | 0.00<br>150.00 |
| 5. Clothing                                                                                                                                                                  | э<br>•         | 15.00          |
| 6. Laundry and dry cleaning                                                                                                                                                  | ф ——           | 10.00          |
| 7. Medical and dental expenses                                                                                                                                               | \$ ———         | 25.00          |
| 8. Transportation (not including car payments)                                                                                                                               | \$             | 300.00         |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.                                                                                                          | \$             | 0.00           |
| 10. Charitable contributions                                                                                                                                                 | \$             | 0.00           |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                                                                                                | T              |                |
| a. Homeowner's or renter's                                                                                                                                                   | \$             | 10.00          |
| b. Life                                                                                                                                                                      | \$             | 0.00           |
| c. Health                                                                                                                                                                    | \$             | 0.00           |
| d. Auto                                                                                                                                                                      | \$             | 94.40          |
| e. Other                                                                                                                                                                     | \$             | 0.00           |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                                                                                    | -              |                |
| (Specify)                                                                                                                                                                    | \$             | 0.00           |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)                                                                 |                |                |
| a. Auto                                                                                                                                                                      | \$             | 0.00           |
| b. Other                                                                                                                                                                     | \$             | 0.00           |
| c. Other                                                                                                                                                                     | \$             | 0.00           |
| 14. Alimony, maintenance, and support paid to others                                                                                                                         | \$             | 0.00           |
| 15. Payments for support of additional dependents not living at your home                                                                                                    | \$             | 0.00           |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)                                                                             | \$             | 0.00           |
| 17. Other                                                                                                                                                                    | \$             | 0.00           |
| Other                                                                                                                                                                        | \$             | 0.00           |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$             | 1,556.51       |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year                                                                        |                |                |
| following the filing of this document:                                                                                                                                       |                |                |
| The debtor does not anticipate an increase or decrease in his expenses of 10% or more at                                                                                     |                |                |
| this time.                                                                                                                                                                   |                |                |
| 20. STATEMENT OF MONTHLY NET INCOME                                                                                                                                          | _              |                |
| a. Average monthly income from Line 15 of Schedule I                                                                                                                         | \$             | 1,866.57       |
| b. Average monthly expenses from Line 18 above                                                                                                                               | \$             | 1,556.51       |
| c. Monthly net income (a. minus b.)                                                                                                                                          | \$             | 310.06         |

|           | Case 10-09156-jw       | Doc 1   | Filed 12/27/10 Entered 12/2<br>Document Page 24 of 47 | 27/10 17:46:31 | Desc Main |
|-----------|------------------------|---------|-------------------------------------------------------|----------------|-----------|
| B6J (Offi | cial Form 6J) (12/07)  |         |                                                       |                |           |
| In re     | Frederick Rush Rolland |         |                                                       | Case No.       |           |
|           |                        |         | Debtor(s)                                             |                |           |
|           | SCHEDULE J             | - CURRE | ENT EXPENDITURES OF IND                               | DIVIDUAL DEB'  | ΓOR(S)    |

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) Detailed Expense Attachment

# Other Utility Expenditures:

| Cell Phone                       | \$       | 46.31  |
|----------------------------------|----------|--------|
| Cable                            | <u> </u> | 68.31  |
| Internet                         | <u> </u> | 27.49  |
| Total Other Utility Expenditures | \$       | 142.11 |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

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# **United States Bankruptcy Court District of South Carolina**

| In re | Frederick Rush Rolland |           | Case No. |    |
|-------|------------------------|-----------|----------|----|
|       |                        | Debtor(s) | Chapter  | 13 |
|       |                        |           |          |    |

# DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|      | I declare under penalty of persheets, and that they are true and corre |           | ad the foregoing summary and schedules, consisting of _v knowledge, information, and belief. | 19 |
|------|------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|----|
| Date | December 27, 2010                                                      | Signature | /s/ Frederick Rush Rolland Frederick Rush Rolland Debtor                                     |    |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/10)

# United States Bankruptcy Court District of South Carolina

| In re | Frederick Rush Rolland |           | Case No. |    |
|-------|------------------------|-----------|----------|----|
|       |                        | Debtor(s) | Chapter  | 13 |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$32,285.71 2010 YTD: Employment \$13,098.00 2009: Employment \$0.00 2008: Employment

The debtor did not have any income from employment during 2008.

#### 2. Income other than from employment or operation of business

None 

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT<br><b>\$64.40</b> | SOURCE<br>2010 YTD: Stock Dividends                                                                    |
|--------------------------|--------------------------------------------------------------------------------------------------------|
| \$32.00                  | 2009: Stock Dividends                                                                                  |
| \$0.00                   | 2008: Stock Dividends<br>The debtor did not have any income from stock dividends during 2008.          |
| \$9,610.00               | 2010 YTD: Social Security Benefits                                                                     |
| \$0.00                   | 2009: Social Security Benefits The debtor did not receive any income from Social Security during 2009. |
| \$0.00                   | 2008: Social Security Benefits The debtor did not receive any income from Social Security during 2008. |
| \$1,956.00               | 2010 YTD: Unemployment Compensation                                                                    |
| \$0.00                   | 2009: Unemployment Compensation The debtor did not receive unemployment compensation during 2009.      |
| \$0.00                   | 2008: Unemployment Compensation The debtor did not receive unemployment compensation during 2008.      |
| \$1,812.00               | 2010 YTD: EBT Income                                                                                   |
| \$1,812.00               | 2009: EBT Income                                                                                       |
| \$0.00                   | 2008: EBT Income The debtor did not receive any EBT income during 2008.                                |

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL AMOUNT PAID OF CREDITOR **PAYMENTS OWING** 

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT** DATES OF PAID OR PAYMENTS/ AMOUNT STILL VALUE OF NAME AND ADDRESS OF CREDITOR **TRANSFERS OWING TRANSFERS** 

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both

spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) \* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

Kim Barlow 12285 150 CT N Jupiter, FL 33478 Friend

DATE OF PAYMENT

November 2010

June 2010 **July 2010** August 2010 September 2010 October 2010

AMOUNT PAID \$2,000.00

AMOUNT STILL OWING \$0.00

4. Suits and administrative proceedings, executions, garnishments and attachments

None 

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER **A&N Collections, LLC** 

**PROCEEDING** Breach of Contract

NATURE OF

COURT OR AGENCY AND LOCATION **Superior Court of California**  STATUS OR DISPOSITION

**Riverside County** 

**Pending** 

Frederick Rolland

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF

**PROPERTY** 

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION. FORECLOSURE SALE. TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY** 

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF **PROPERTY** 

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE NAME OF PAYOR IF OTHER THAN DEBTOR December 2010

DATE OF PAYMENT,

AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
Credit Counseling \$50.00

Family Services, Inc.

December 2010

Credit Report \$40.00

Robert R. Meredith, Jr. Meredith Law Firm, LLC 4000 Faber Place Drive Suite 120 North Charleston, SC 29405 December 2010

Filing Fee \$274.00 Attorney's Fees \$586.00

### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

**Unrelated Third Party** 

September 2005

The debtor sold a house and lot in Florida for \$117,000.00. He used the proceeds to pay the mortgage in the approximate amount of \$38,000.00. He used the rest of the proceeds in the approximate amount of \$79,000.00 to pay attorney's fees to David Vinikoor, Esq. to defend a criminal charge that ultimately led to the debtor's incarceration from March 2006 - February 2009.

None

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None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled

trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE DATE(S) OF TRANSFER(S)

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION SunTrust Bank PO Box 4418 GA-Atlanta-0795 Atlanta, GA 30302

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE SunTrust Savings Acct #1293 Final Balance: \$0.00

AMOUNT AND DATE OF SALE OR CLOSING

Closed on 3/31/10 Closing Balance: \$0.00

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

## 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

# 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

**GOVERNMENTAL UNIT** 

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six **years** immediately preceding the commencement of this case.

7

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS EN

BEGINNING AND

ENDING DATES

None

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was

issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

**ADDRESS** NAME

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

DATE OF TERMINATION NAME AND ADDRESS TITLE

### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT. RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

#### NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 27, 2010 /s/ Frederick Rush Rolland Signature

Frederick Rush Rolland

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 10-09156-jw Doc 1 Filed 12/27/10 Entered 12/27/10 17:46:31 Desc Main Document Page 34 of 47

# United States Bankruptcy Court District of South Carolina

|             |                                                                                                                                                                                                                                                                             | strict of South Caronna                                   |                                         |                          |              |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|--------------------------|--------------|
| In re       | Frederick Rush Rolland                                                                                                                                                                                                                                                      |                                                           | Case No.                                |                          |              |
|             |                                                                                                                                                                                                                                                                             | Debtor(s)                                                 | Chapter                                 | _13                      |              |
|             | DISCLOSURE OF COMPE                                                                                                                                                                                                                                                         | NSATION OF ATTOI                                          | DNEV FOD DI                             | TRTOD(S)                 |              |
|             |                                                                                                                                                                                                                                                                             |                                                           |                                         | ` ,                      |              |
|             | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Ru compensation paid to me within one year before the filible rendered on behalf of the debtor(s) in contemplation                                                                                                            | ng of the petition in bankruptcy                          | y, or agreed to be pai                  | d to me, for services re |              |
|             | For legal services, I have agreed to accept                                                                                                                                                                                                                                 |                                                           | \$                                      | 3,000.00                 |              |
|             | Prior to the filing of this statement I have received.                                                                                                                                                                                                                      |                                                           | \$                                      | 586.00                   |              |
|             | Balance Due                                                                                                                                                                                                                                                                 |                                                           | \$                                      | 2,414.00                 |              |
| 2. ′        | The source of the compensation paid to me was:                                                                                                                                                                                                                              |                                                           |                                         |                          |              |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                 |                                                           |                                         |                          |              |
| 3.          | The source of compensation to be paid to me is:                                                                                                                                                                                                                             |                                                           |                                         |                          |              |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                 |                                                           |                                         |                          |              |
| 4.          | ■ I have not agreed to share the above-disclosed comp                                                                                                                                                                                                                       | pensation with any other person                           | unless they are mem                     | bers and associates of a | my law firm. |
|             | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name                                                                                                                                                          |                                                           |                                         |                          | w firm. A    |
| 5.          | In return for the above-disclosed fee, I have agreed to re                                                                                                                                                                                                                  | ender legal service for all aspect                        | s of the bankruptcy                     | ase, including:          |              |
| 1           | <ul> <li>a. Analysis of the debtor's financial situation, and rende</li> <li>b. Preparation and filing of any petition, schedules, stat</li> <li>c. Representation of the debtor at the meeting of credite</li> <li>d. [Other provisions as needed]</li> <li>N/A</li> </ul> | ement of affairs and plan which                           | may be required;                        | _                        | uptcy;       |
| <b>6.</b> : | By agreement with the debtor(s), the above-disclosed fer Defense or prosecution of adversary prosell an asset, 2004 examinations, defend the plan after confirmation and any other                                                                                          | oceedings, motions to mod<br>se of dischargeability actio | dify the stay, auditions and, in a chap | ter 13 case, modific     |              |
|             |                                                                                                                                                                                                                                                                             | CERTIFICATION                                             |                                         |                          |              |
|             | I certify that the foregoing is a complete statement of any pankruptcy proceeding.                                                                                                                                                                                          | y agreement or arrangement for                            | payment to me for re                    | epresentation of the del | otor(s) in   |
| Dated       | d: December 27, 2010                                                                                                                                                                                                                                                        | /s/ Robert R Mere                                         | edith Jr                                |                          |              |
|             |                                                                                                                                                                                                                                                                             | Robert R Meredit                                          | h Jr 6152                               |                          |              |
|             |                                                                                                                                                                                                                                                                             | Meredith Law Fir<br>4000 Faber Place                      | •                                       |                          |              |
|             |                                                                                                                                                                                                                                                                             | North Charleston                                          |                                         |                          |              |
|             |                                                                                                                                                                                                                                                                             | (843) 529-9000 F                                          | ax: (843) 529-990                       | 7                        |              |
|             |                                                                                                                                                                                                                                                                             | rm@meredithlaw                                            | firm.com                                |                          |              |

B 201A (Form 201A) (12/09)

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

# UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

# 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

## Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

# 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

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B 201B (Form 201B) (12/09)

# **United States Bankruptcy Court**District of South Carolina

|        |                                              | District of South Carolina                                   |                       |                            |
|--------|----------------------------------------------|--------------------------------------------------------------|-----------------------|----------------------------|
| In re  | Frederick Rush Rolland                       |                                                              | Case No.              |                            |
|        |                                              | Debtor(s)                                                    | Chapter 1             | 3                          |
|        |                                              | OF NOTICE TO CONSUM<br>12(b) OF THE BANKRUPT                 | •                     | 5)                         |
| Code.  | I (We), the debtor(s), affirm that I (we) ha | Certification of Debtor ve received and read the attached no | otice, as required by | § 342(b) of the Bankruptcy |
| Frede  | rick Rush Rolland                            | X /s/ Frederick F                                            | Rush Rolland          | December 27, 2010          |
| Printe | d Name(s) of Debtor(s)                       | Signature of D                                               | ebtor                 | Date                       |
| Case N | No. (if known)                               | X                                                            |                       |                            |
|        |                                              | Signature of Jo                                              | oint Debtor (if any)  | Date                       |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

# LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

# **United States Bankruptcy Court District of South Carolina**

| In re | Frederick Rush Rolland |           | Case No. |    |
|-------|------------------------|-----------|----------|----|
|       |                        | Debtor(s) | Chapter  | 13 |
|       |                        |           |          |    |
|       |                        |           |          |    |
|       | ~                      |           |          |    |

### **CERTIFICATION VERIFYING CREDITOR MATRIX**

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

|       |                | • • • • • • • • • • • • • • • • • • • • | copy scannable format which has been compared to, and contains lists which are being filed at this time or as they currently exist in draft for                        |
|-------|----------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | Master mailing | g list of creditors submitted via       | a:                                                                                                                                                                     |
|       | (a)            | computer diskette                       |                                                                                                                                                                        |
|       | (b)<br>(num    | scannable hard copy                     |                                                                                                                                                                        |
|       | (c)            | <b>X</b> electronic version filed       | l via CM/ECF                                                                                                                                                           |
| Date: | December 27,   | 2010                                    | /s/ Frederick Rush Rolland                                                                                                                                             |
|       |                |                                         | Frederick Rush Rolland                                                                                                                                                 |
|       |                |                                         | Signature of Debtor                                                                                                                                                    |
| Date: | December 27,   | 2010                                    | /s/ Robert R Meredith Jr                                                                                                                                               |
|       |                |                                         | Signature of Attorney Robert R Meredith Jr 6152 Meredith Law Firm, LLC 4000 Faber Place Drive, Suite 120 North Charleston, SC 29405 (843) 529-9000 Fax: (843) 529-9907 |
|       |                |                                         | Typed/Printed Name/Address/Telephone                                                                                                                                   |
|       |                |                                         | 6152                                                                                                                                                                   |
|       |                |                                         | District Court I.D. Number                                                                                                                                             |

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CARSON CITY NV 89701

COLUMBIA SC 29211

ASSET ACCEPTANCE LLC PO BOX 2036 WARREN MI 48090 SOCIAL SECURITY ADMINISTRATION NORTHEASTERN PROGRAM SERVICE CENTER JAMAICA NY 11432

AT&T REMITTANCE CENTER PO BOX 105503 ATLANTA GA 30348-5503 THE BUREAUS INC 1717 CENTRAL ST EVANSTON IL 60201

CHASE-BP PO BOX 15298 WILMINGTON DE 19850

CITIBANK PO BOX 20487 KANSAS CITY MO 64195

COMMONWEALTH FINANCIAL 120 N KEYSER AVE SCRANTON PA 18504

INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATIONS PO BOX 21126 PHILADELPHIA PA 19114

JUST RENTALS 748-A ST. ANDREWS BLVD CHARLESTON SC 29407

OPTIMA RECOVERY SERVIC 6215 KINGSTON PK STE A KNOXVILLE TN 37919

ROBERT R. MEREDITH, JR. MEREDITH LAW FIRM, LLC 4000 FABER PLACE DRIVE SUITE 120 NORTH CHARLESTON SC 29405

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B22C (Official Form 22C) (Chapter 13) (12/10)

| In re  | Frederick Rush Rolland |  |
|--------|------------------------|--|
|        | Debtor(s)              |  |
| Case N | Number:                |  |
|        | (If known)             |  |

| According to the calculations required by this statement:           |
|---------------------------------------------------------------------|
| ■ The applicable commitment period is 3 years.                      |
| ☐ The applicable commitment period is 5 years.                      |
| ☐ Disposable income is determined under § 1325(b)(3).               |
| ■ Disposable income is not determined under § 1325(b)(3).           |
| (Check the boxes as directed in Lines 17 and 23 of this statement.) |

# **CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME** AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Pa                                                                                                                                                                                                                                                                                                                                                     | rt I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REPORT OF INC                                                                                                                                                                                           | COM                                 | Œ                                                                                                           |          |                 |          |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-----------------|----------|
| Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                     |                                                                                                             |          |                 |          |
| 1                                                                                                                      | a. <b>I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Unmarried. Complete only Column A ("De                                                                                                                                                                                                                                                                                                                 | btor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 's Income'') for Li                                                                                                                                                                                     | ines 2                              | 2-10.                                                                                                       |          |                 |          |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Married. Complete both Column A ("Debte                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                     |                                                                                                             | me")     | for Lines 2-10. |          |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | gures must reflect average monthly income re                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                     |                                                                                                             |          | Column A        | Column B |
|                                                                                                                        | calendar months prior to filing the bankruptcy case, ending on the last day of the month before                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                     |                                                                                                             | Debtor's | Spouse's        |          |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                     |                                                                                                             | Income   | Income          |          |
| 2                                                                                                                      | Gross                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s wages, salary, tips, bonuses, overtime, con                                                                                                                                                                                                                                                                                                          | mmi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ssions.                                                                                                                                                                                                 |                                     |                                                                                                             | \$       | 2,524.60        | \$       |
| 3                                                                                                                      | enter<br>profes<br>numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the difference in the appropriate column(s) of ssion or farm, enter aggregate numbers and poer less than zero. Do not include any part of luction in Part IV.                                                                                                                                                                                          | f Lin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e 3. If you operate de details on an atta                                                                                                                                                               | mor<br>achm                         | e than one business<br>ent. Do not enter a                                                                  |          |                 |          |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Debtor                                                                                                                                                                                                  |                                     | Spouse                                                                                                      |          |                 |          |
|                                                                                                                        | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Gross receipts                                                                                                                                                                                                                                                                                                                                         | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.00                                                                                                                                                                                                    | \$                                  | •                                                                                                           |          |                 |          |
|                                                                                                                        | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ordinary and necessary business expenses                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.00                                                                                                                                                                                                    |                                     |                                                                                                             |          |                 |          |
|                                                                                                                        | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Business income                                                                                                                                                                                                                                                                                                                                        | Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | btract Line b from                                                                                                                                                                                      | Line                                | a                                                                                                           | \$       | 0.00            | \$       |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s and other real property income. Subtract oppropriate column(s) of Line 4. Do not enter                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                         |                                     |                                                                                                             |          |                 |          |
| 4                                                                                                                      | the ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        | a nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | mber less than zero                                                                                                                                                                                     | o. Do                               | o not include any                                                                                           |          |                 |          |
| 4                                                                                                                      | the ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | oppropriate column(s) of Line 4. Do not enter of the operating expenses entered on Line l                                                                                                                                                                                                                                                              | a nu as a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | mber less than zero<br>a deduction in Par<br>Debtor                                                                                                                                                     | o. Do                               | o not include any                                                                                           |          |                 |          |
| 4                                                                                                                      | the appart of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oppropriate column(s) of Line 4. Do not enter of the operating expenses entered on Line l  Gross receipts                                                                                                                                                                                                                                              | a nu  a s  s  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mber less than zero<br>a deduction in Par<br>Debtor<br>0.00                                                                                                                                             | 5. <b>D</b> o. <b>D</b> o. <b>S</b> | o not include any . Spouse                                                                                  | \$       | 0.00            | \$       |
| 5                                                                                                                      | a.<br>b.<br>c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oppropriate column(s) of Line 4. Do not enter of the operating expenses entered on Line I Gross receipts  Ordinary and necessary operating expenses                                                                                                                                                                                                    | a nu  a s  s  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mber less than zero<br>a deduction in Par<br>Debtor<br>0.00<br>0.00                                                                                                                                     | 5. <b>D</b> o. <b>D</b> o. <b>S</b> | o not include any . Spouse                                                                                  | \$       |                 | \$       |
|                                                                                                                        | a. b. c. Interes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | propriate column(s) of Line 4. Do not enter of the operating expenses entered on Line I  Gross receipts  Ordinary and necessary operating expenses  Rent and other real property income                                                                                                                                                                | a nu  a s  s  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mber less than zero<br>a deduction in Par<br>Debtor<br>0.00<br>0.00                                                                                                                                     | 5. <b>D</b> o. <b>D</b> o. <b>S</b> | o not include any . Spouse                                                                                  | -        | 0.00            |          |
| 5                                                                                                                      | a. b. c. Inter Pensi Any a exper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Gross receipts Ordinary and necessary operating expenses Rent and other real property income  est, dividends, and royalties.                                                                                                                                                                                                                           | \$ Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mber less than zero a deduction in Par Debtor 0.00 0.00 abtract Line b from regular basis, for acluding child sup ance payments or acted in only one colo                                               | the l                               | spouse  Spouse  a  household paid for that nts paid by the                                                  | \$       | 0.00            | \$       |
| 5 6                                                                                                                    | a. b. c. Interest experiments of the appart | Gross receipts Ordinary and necessary operating expenses Rent and other real property income  est, dividends, and royalties.  ion and retirement income.  amounts paid by another person or entity, uses of the debtor or the debtor's dependent or's spouse. Each regular payment should be recommended to the regular payment should be recommended. | a nu  a s  \$ \$ \$ \$ Su  on a  contact s, in  the acceptor the contact s, in  conta | mber less than zero a deduction in Par Debtor  0.00 0.00 abtract Line b from  regular basis, for acluding child supunce payments or acted in only one column B. e appropriate columtion received by you | the I port mount umn;               | spouse  Spouse  a a  household paid for that its paid by the if a payment is  of Line 8. Tyour spouse was a | \$       | 0.00            | \$       |

B22C (Official Form 22C) (Chapter 13) (12/10)

| 9  | Income from all other sources. Specify source and on a separate page. Total and enter on Line 9. Do maintenance payments paid by your spouse, but separate maintenance. Do not include any benefit payments received as a victim of a war crime, crime international or domestic terrorism.                                                                            | not include alimony of include all other pay ts received under the                                                      | or separate<br>ments of alimon<br>Social Security A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |          |                 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------|-----------------|
|    |                                                                                                                                                                                                                                                                                                                                                                        | Debtor                                                                                                                  | Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |          |                 |
|    | a. \$ b. \$                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | \$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ 0.0                                                                | 0 \$     |                 |
|    | Subtotal. Add Lines 2 thru 9 in Column A, and, if                                                                                                                                                                                                                                                                                                                      | ı                                                                                                                       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | φ <b>0.</b> 0                                                         | JU S     |                 |
| 10 | in Column B. Enter the total(s).                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ 2,758.2                                                            | \$       |                 |
| 11 | <b>Total.</b> If Column B has been completed, add Line 1 the total. If Column B has not been completed, ent                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                    |          | 2,758.23        |
|    | Part II. CALCULATION                                                                                                                                                                                                                                                                                                                                                   | OF § 1325(b)(4)                                                                                                         | COMMITM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ENT P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ERIOD                                                                 |          |                 |
| 12 | Enter the amount from Line 11                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | \$       | 2,758.23        |
| 13 | Marital Adjustment. If you are married, but are no calculation of the commitment period under § 1325 enter on Line 13 the amount of the income listed in the household expenses of you or your dependents income (such as payment of the spouse's tax liabilit debtor's dependents) and the amount of income devon a separate page. If the conditions for entering the | (b)(4) does not requir<br>Line 10, Column B thand specify, in the line<br>by or the spouse's supproted to each purpose. | the inclusion of the hat was NOT paid es below, the basis ort of persons other of the increase | income of the in | of your spouse,<br>gular basis for<br>luding this<br>he debtor or the |          |                 |
|    | a.<br>b.                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |          |                 |
|    | c.                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |          |                 |
|    | Total and enter on Line 13                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | \$       | 0.00            |
| 14 | Subtract Line 13 from Line 12 and enter the resu                                                                                                                                                                                                                                                                                                                       | ult.                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | \$       | 2,758.23        |
| 15 | Annualized current monthly income for § 1325(b) enter the result.                                                                                                                                                                                                                                                                                                      | <b>b)(4).</b> Multiply the am                                                                                           | nount from Line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4 by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | number 12 and                                                         | \$       | 33,098.76       |
| 16 | Applicable median family income. Enter the medi information is available by family size at www.usdo                                                                                                                                                                                                                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |          |                 |
|    | a. Enter debtor's state of residence: SC                                                                                                                                                                                                                                                                                                                               | b. Enter deb                                                                                                            | tor's household si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ze:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                     | \$       | 36,457.00       |
|    | Application of § 1325(b)(4). Check the applicable                                                                                                                                                                                                                                                                                                                      | box and proceed as di                                                                                                   | irected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |          |                 |
| 17 | The amount on Line 15 is less than the amount top of page 1 of this statement and continue with                                                                                                                                                                                                                                                                        |                                                                                                                         | the box for "The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | applicabl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e commitment pe                                                       | riod is  | 3 years" at the |
|    | The amount on Line 15 is not less than the am at the top of page 1 of this statement and contin                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The appli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | cable commitmen                                                       | nt perio | od is 5 years"  |
|    | Part III. APPLICATION OF § 13                                                                                                                                                                                                                                                                                                                                          | 325(b)(3) FOR DETE                                                                                                      | ERMINING DIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | POSABI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LE INCOME                                                             |          |                 |
| 18 | Enter the amount from Line 11.                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | \$       | 2,758.23        |
| 19 | Marital Adjustment. If you are married, but are not any income listed in Line 10, Column B that was N debtor or the debtor's dependents. Specify in the lin payment of the spouse's tax liability or the spouse's dependents) and the amount of income devoted to e separate page. If the conditions for entering this adjust.                                         | OT paid on a regular res below the basis for support of persons of each purpose. If necessustment do not apply,         | basis for the house<br>excluding the Co<br>her than the debto<br>sary, list addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ehold expolumn B or or the o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | penses of the income(such as debtor's                                 |          |                 |
|    | c.                                                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |          |                 |
|    | Total and enter on Line 19.                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | \$       | 0.00            |
| 20 | Current monthly income for § 1325(b)(3). Subtra                                                                                                                                                                                                                                                                                                                        | ct Line 19 from Line                                                                                                    | 18 and enter the r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | esult.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | \$       | 2,758.23        |

| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nlized current monthly income result.                                                                                                                  | ome for § 1325(b)(3). N                                                        | Aultip                   | oly the a      | mount from Line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20 by the number 12 and                                       | \$ | 33,098.76 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----|-----------|
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Applicable median family income. Enter the amount from Line 16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |                                                                                |                          | \$             | 36,457.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |    |           |
| Application of § 1325(b)(3). Check the applicable box and proceed as directed.  □ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deter 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.  ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |                                                                                |                          |                | t detern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nined under §                                                 |    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        | ALCULATION (                                                                   |                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |    | . ,       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Subpart A: Do                                                                                                                                          | eductions under Star                                                           | ıdar                     | ds of th       | ne Internal Reve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | enue Service (IRS)                                            |    |           |
| 24A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Enter i<br>applica<br>bankru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nal Standards: food, appar<br>n Line 24A the "Total" and<br>able number of persons. (T<br>aptcy court.) The applicable<br>r federal income tax return, | ount from IRS National<br>his information is availa<br>number of persons is th | Stand<br>ble at<br>e nun | ards for www.u | Allowable Living sdoj.gov/ust/ or frot would currently be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Expenses for the om the clerk of the pe allowed as exemptions | \$ |           |
| 24B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. |                                                                                                                                                        |                                                                                |                          |                | onal Standards for able at cable number of persons o are 65 years of age or ory that would currently tional dependents whom and enter the result in the case of th |                                                               |    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Perso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ns under 65 years of age                                                                                                                               |                                                                                | Pers                     | ons 65         | years of age or old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ler                                                           |    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Allowance per person                                                                                                                                   |                                                                                | a2.                      | Allow          | Allowance per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | b1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Number of persons                                                                                                                                      |                                                                                | b2.                      | Numb           | er of persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | c1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Subtotal                                                                                                                                               |                                                                                | c2.                      | Subto          | al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               | \$ |           |
| 25A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                        |                                                                                |                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nis information is<br>e family size consists of               | \$ |           |
| 25B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                        |                                                                                |                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        |                                                                                |                          |                | Subtract Line b fr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | om Line a.                                                    | \$ |           |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | c. Net mortgage/rental expense Subtract Line b from Line a.  Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                        |                                                                                |                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Iousing and Utilities                                         | ¢  |           |

|     | <b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.                                                                                                                                                                                                                                                                                                              |                                                                                         |    |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----|--|--|--|
| 27A | Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. $\square$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |    |  |  |  |
|     | If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>                                                                                                                                                                                                                                                                      | "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or   | \$ |  |  |  |
| 27B | B Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)                                                                                 |                                                                                         |    |  |  |  |
|     | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)   1  2 or more.                                                                                                                                                                                                                                                                                                                                                |                                                                                         |    |  |  |  |
| 28  | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. <b>Do not enter an amount less than zero.</b>                                                                                                                                                                                                                                                                     | court); enter in Line b the total of the Average                                        |    |  |  |  |
|     | a. IRS Transportation Standards, Ownership Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                      |    |  |  |  |
|     | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                      |    |  |  |  |
|     | c. Net ownership/lease expense for Vehicle 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Subtract Line b from Line a.                                                            | \$ |  |  |  |
| 29  | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. |                                                                                         |    |  |  |  |
|     | a. IRS Transportation Standards, Ownership Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                      |    |  |  |  |
|     | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                      | Φ. |  |  |  |
|     | c. Net ownership/lease expense for Vehicle 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Subtract Line b from Line a.                                                            | \$ |  |  |  |
| 30  | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as insecurity taxes, and Medicare taxes. Do not include real estate or sale                                                                                                                                                                                                                                                                                                                                                                        | come taxes, self employment taxes, social                                               | \$ |  |  |  |
|     | Other Necessary Expenses: involuntary deductions for employmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |    |  |  |  |
| 31  | deductions that are required for your employment, such as mandatory uniform costs. <b>Do not include discretionary amounts, such as voluments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          | retirement contributions, union dues, and                                               | \$ |  |  |  |
| 32  | Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         | \$ |  |  |  |
|     | Other Necessary Expenses: court-ordered payments. Enter the tot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | al monthly amount that you are required to                                              | Ψ  |  |  |  |
| 33  | pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         | \$ |  |  |  |
| 34  | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |    |  |  |  |
| 35  | Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | \$ |  |  |  |
| 36  | Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts                                                                                                                                                                                                                                                                                                        | our dependents, that is not reimbursed by the amount entered in Line 24B. <b>Do not</b> | \$ |  |  |  |

B22C (Official Form 22C) (Chapter 13) (12/10)

| 37 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.                                                                             |    |  |  |  |  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|--|--|
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ |  |  |  |  |
|    | Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37                                                                                                                                                                                                                                                                                                                                                                                          |    |  |  |  |  |
|    | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.                                                                                                                                                                                                                                                                        |    |  |  |  |  |
| 39 | a. Health Insurance \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |  |  |  |  |
|    | b. Disability Insurance \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |  |  |  |  |
|    | c. Health Savings Account \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |  |  |  |  |
|    | Total and enter on Line 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ |  |  |  |  |
|    | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$                                                                                                                                                                                                                                                                                                                                                                                  |    |  |  |  |  |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly                                                                                                                                                                                                                                                                                                                                                                                                     |    |  |  |  |  |
| 41 | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.                                                                                                                                                                   | \$ |  |  |  |  |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.                                                                                                                                       | \$ |  |  |  |  |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.                  | \$ |  |  |  |  |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. |    |  |  |  |  |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.                                                                                                                                                                                           | \$ |  |  |  |  |
| 46 | <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.                                                                                                                                                                                                                                                                                                                                                                                                             | \$ |  |  |  |  |

B22C (Official Form 22C) (Chapter 13) (12/10)

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | Subpart C: Deductions for De                                                                                                                                                                                                               | bt P                     | ayment                                                   |                                                |    |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------------------------------------------|----|--|
| 47 | own,<br>check<br>sched<br>case,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | list the name of creditor, it<br>whether the payment included as contractually due | claims. For each of your debts that is secured dentify the property securing the debt, state the ludes taxes or insurance. The Average Month to each Secured Creditor in the 60 months for ry, list additional entries on a separate page. | he Av<br>lly Pa<br>llowi | verage Monthly<br>syment is the to-<br>ing the filing of | Payment, and tal of all amounts the bankruptcy |    |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of Creditor                                                                   | Property Securing the Debt                                                                                                                                                                                                                 |                          | Average<br>Monthly<br>Payment                            | Does payment include taxes or insurance        |    |  |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                                                                                                                                                                                                                            | \$                       |                                                          | □yes □no                                       | Φ. |  |
|    | Otha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                                                                                                                                                                                                                            | 1                        | otal: Add Lines                                          |                                                | \$ |  |
| 48 | Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |                                                                                    |                                                                                                                                                                                                                                            |                          |                                                          |                                                |    |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of Creditor                                                                   | Property Securing the Debt                                                                                                                                                                                                                 | -                        | 1/60th of t                                              | he Cure Amount                                 |    |  |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                                                                                                                                                                                                                            |                          |                                                          | Total: Add Lines                               | \$ |  |
| 49 | prior not in Chap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ity tax, child support and a nclude current obligation oter 13 administrative ex   | rity claims. Enter the total amount, divided a dimony claims, for which you were liable at as, such as those set out in Line 33.  penses. Multiply the amount in Line a by the                                                             | the ti                   | me of your bank                                          | cruptcy filing. <b>Do</b>                      | \$ |  |
|    | result                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ting administrative expense                                                        | e.                                                                                                                                                                                                                                         |                          |                                                          |                                                |    |  |
| 50 | a.<br>b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Current multiplier for y issued by the Executive                                   | thly Chapter 13 plan payment.  /our district as determined under schedules e Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerk of                                                                         | \$<br>x                  |                                                          |                                                |    |  |
|    | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | nistrative expense of chapter 13 case                                                                                                                                                                                                      |                          | al: Multiply Li                                          | nes a and b                                    | \$ |  |
| 51 | Tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deductions for Debt Pag                                                            | yment. Enter the total of Lines 47 through 5                                                                                                                                                                                               | 0.                       |                                                          |                                                | \$ |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | Subpart D: Total Deductions f                                                                                                                                                                                                              | rom                      | Income                                                   |                                                |    |  |
| 52 | Tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of all deductions from in                                                          | <b>ncome.</b> Enter the total of Lines 38, 46, and 5                                                                                                                                                                                       | 1.                       |                                                          |                                                | \$ |  |
|    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Part V. DETE                                                                       | RMINATION OF DISPOSABLE I                                                                                                                                                                                                                  | NC                       | OME UNDI                                                 | ER § 1325(b)(2)                                |    |  |
| 53 | Tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | l current monthly income                                                           | e. Enter the amount from Line 20.                                                                                                                                                                                                          |                          |                                                          |                                                | \$ |  |
| 54 | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.  \$                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                                                                                                                                                                            |                          |                                                          |                                                |    |  |
| 55 | wage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s as contributions for qual                                                        | ons. Enter the monthly total of (a) all amount ified retirement plans, as specified in § 541(b) specified in § 362(b)(19).                                                                                                                 |                          |                                                          |                                                | \$ |  |
| 56 | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                                                                                                                                                                            |                          |                                                          |                                                |    |  |

|    | Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstances If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expends the special circumstances that make such expense necessary. | ances and the resulting expenses in lines a-c below<br>e expenses and enter the total in Line 57. You must<br>nses and you must provide a detailed explanation | st           |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 57 | Nature of special circumstances                                                                                                                                                                                                                                                                                                        | Amount of Expense                                                                                                                                              | 7            |
|    | a.                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                             | 1            |
|    | b.                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                             | 1            |
|    | c.                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                             | 1            |
|    |                                                                                                                                                                                                                                                                                                                                        | Total: Add Lines                                                                                                                                               | <b>]</b>  \$ |
| 58 | Total adjustments to determine disposable income. Add the result.                                                                                                                                                                                                                                                                      | amounts on Lines 54, 55, 56, and 57 and enter the                                                                                                              | \$           |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Li                                                                                                                                                                                                                                                                              | ine 58 from Line 53 and enter the result.                                                                                                                      | \$           |
|    | Part VI ADDITIONA                                                                                                                                                                                                                                                                                                                      | AL EXPENSE CLAIMS                                                                                                                                              |              |
|    | Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se each item. Total the expenses.                                                                                                           | tional deduction from your current monthly income                                                                                                              | e under §    |
| 60 | Expense Description                                                                                                                                                                                                                                                                                                                    | Monthly Amour                                                                                                                                                  | nt           |
| 00 | a.                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                             | 7            |
|    | b.                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                             |              |
|    | c.                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                             |              |
|    | d.                                                                                                                                                                                                                                                                                                                                     | \$                                                                                                                                                             | _            |
|    | Total: Add Lines                                                                                                                                                                                                                                                                                                                       | s a, b, c and d \$                                                                                                                                             |              |
|    | Part VII. VE                                                                                                                                                                                                                                                                                                                           | CRIFICATION                                                                                                                                                    |              |
| 61 | I declare under penalty of perjury that the information provided must sign.)  Date: December 27, 2010                                                                                                                                                                                                                                  | If in this statement is true and correct. (If this is a joint signature: /s/ Frederick Rush Rolla                                                              |              |
| 01 | ,                                                                                                                                                                                                                                                                                                                                      | Frederick Rush Rolland                                                                                                                                         |              |
|    |                                                                                                                                                                                                                                                                                                                                        | (Debtor)                                                                                                                                                       |              |

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# **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 06/01/2010 to 11/30/2010.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: FreedomRoads, LLC

B22C (Official Form 22C) (Chapter 13) (12/10)

Income by Month:

| 6 Months Ago: | 06/2010            | \$2,158.40 |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2010            | \$3,345.00 |
| 4 Months Ago: | 08/2010            | \$2,410.15 |
| 3 Months Ago: | 09/2010            | \$2,471.71 |
| 2 Months Ago: | 10/2010            | \$3,518.04 |
| Last Month:   | 11/2010            | \$1,244.31 |
|               | Average per month: | \$2,524.60 |

#### Remarks:

Mr. Rolland lost his job at FreedomRoads, LLC in November 2010. He will no longer receive any income from this source and therefore the income listed will not be available to the debtor's unsecured creditors.

#### Line 8 - Unemployment compensation (included in CMI)

Source of Income: Unemployment Compensation

Income by Month:

| 6 Months Ago: | 06/2010            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2010            | \$0.00     |
| 4 Months Ago: | 08/2010            | \$0.00     |
| 3 Months Ago: | 09/2010            | \$0.00     |
| 2 Months Ago: | 10/2010            | \$0.00     |
| Last Month:   | 11/2010            | \$1,401.80 |
|               | Average per month: | \$233.63   |

#### Remarks:

The debtor began receiving unemployment compensation in the amount of \$326.00 per week during the month of November 2010. The debtor is currently employed and will no longer receive any unemployment compensation.

#### Non-CMI - Social Security Act Income

Source of Income: Social Security Benefits

Income by Month:

| 6 Months Ago: | 06/2010            | \$961.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 07/2010            | \$961.00 |
| 4 Months Ago: | 08/2010            | \$961.00 |
| 3 Months Ago: | 09/2010            | \$961.00 |
| 2 Months Ago: | 10/2010            | \$961.00 |
| Last Month:   | 11/2010            | \$961.00 |
|               | Average per month: | \$961.00 |

## Remarks:

The debtor will no longer receive Social Security Income as of December 2010.